

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>kw</i>	68904	2/1/00
O.I.P. CLASSIFIER		8	02-14-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

+ = ✓  
 Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/14/00
2	✓	✓	1/14/00
3	✓	✓	1/14/00
4	✓	✓	1/14/00
5	✓	✓	1/14/00
6	✓	✓	1/14/00
7	✓	✓	1/14/00
8	✓	✓	1/14/00
9	✓	✓	1/14/00
10	✓	✓	1/14/00
11	✓	✓	1/14/00
12	✓	✓	1/14/00
13	✓	✓	1/14/00
14	✓	✓	1/14/00
15	✓	✓	1/14/00
16	✓	✓	1/14/00
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18	✓	✓	1/14/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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